

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90078 004 ****61.25
 09-08-1999 90005 033 ****61.25

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DOCUMENT # N98000005458

Corporation Name
KIWANIS CLUB OF LEON, INC.



Principal Place of Business
 LEON CO SHERIFF DEPT. ADMIN. BLDG.
 325 MUNICIPAL WAY
 TALLAHASSEE FL 32303

Mailing Address
 P.O. BOX 727
 TALLAHASSEE FL 32302

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLEN, KAREN		81 Name	
LEON CO SHERIFF DEPT, ADMIN. BLDG.		82 Street Address (P.O. Box Number is Not Acceptable)	
2825 MUNICIPAL WAY		83	
TALLAHASSEE FL 32303		84 City	
		FL 85 Zip Code	

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	Change Addition	
2. NAME	2.2 NAME	Change Addition	
3. STREET ADDRESS	3.3 STREET ADDRESS	Change Addition	
4. CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change Addition	
5.1 TITLE	5.2 NAME	Change Addition	
5.2 NAME	5.3 STREET ADDRESS	Change Addition	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change Addition	
5.4 CITY-ST-ZIP	6.1 TITLE	Change Addition	
6.1 TITLE	6.2 NAME	Change Addition	
6.2 NAME	6.3 STREET ADDRESS	Change Addition	
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change Addition	
6.4 CITY-ST-ZIP			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** Date: Sept. 2, 1999 Daytime Phone #: 922-3345

CR2E037 (5/99)